Filing Form Covering Calendar Year 2008 Filing Deadline: Thursday, April 30, 2009, 5 p.m. MAINETHICS COMMIS

MAINEETHICS COMMISSIO

(Write "N/A" if a question is not applicable to you. Use additional sheets if needed to fully answer any question.)						
Section 1: Name/Address/Phone						
	Your name:					
	ETH TOWNSEND					
Your Agency/Department/Bureau/Division:						
DEPT. OF CONSERVATION						
Your Title:						
DEPUTY COMMISSIONER						
Your State Agency Mailing Address:						
SHS # ZZ						
AULUSTA ME 04333						
Your State Agency Ph	one Number:					
287-1	4901 GENERAL # 287-2211					
	Section 2: Statement of sources of income (as required by 5 MRSA §19 sub-§2)					
	(as required by 5 mics A 81a sun-85)					
2. Aside from employment in state government: If during 2008 you were <u>neither</u> separately employed by another person, firm, corporation, association or organization, <u>nor</u> self-employed, <u>nor</u> had any other sources of income over \$1000 from each source, check the following box and skip to question 3.						
	2-A. If, during 2008, you were an employee of another person, firm, corporation, association, or					
	organization as opposed to being self-employed, fill out the following; if not, go to question 2-B: The name of the employing entity:					
	N/A					
u						
	Its address:					
	NA					
	The nature of the business (its principal type of economic activity; for a law firm, the firm's major areas of practice):					
	N/A					

	2-B. If you were self-employed during 2008: (Note: "Self-employed" is defined by 5 MRSA §19 sub-§1 ¶J as an "independent contractor" as defined in 39-A MRSA §102 sub-§13, which says in part: "Independent contractor' means a person who performs services for another under contract, but who is not under the essential control or superintendence of the other person while performing those services." It does not cover interest income and similar non-contracted income, sources for which should be reported under question 2-C below.) The name of your business:
	No. address.
	Its address: N/A
,	
** A *** ** ** ** ** ** ** ** ** ** ** *	The nature of the business (your principal type of economic activity, for an attorney, your major areas of practice):
- "- I	NA
ş: -	
	Name each source of income through self-employment that brings either: · more than \$1000; or · more than 10% of your gross income whichever is greater, excluding gifts. (To clarify this: if no source contributes more than \$1000, you don't have to report. If you enjoy many large sources over \$1000, you have to report only those that contribute more than 10% to your gross. For a definition of income, see 5 MRSA §19 sub-§1 ¶H, attached; of gifts, 5 MRSA §19 sub-§1 ¶E. If this form of disclosure is prohibited by statute, rule, or an established code of ethics for your profession, specify instead the principal type of economic activity from which sources of income under this paragraph derive.)
	63/6
	N/A
	2-C. If you had other sources of income over \$1000 each, excluding gifts, list them here. (For a definition of income, see 5 MRSA §19 sub-§1 ¶H, attached; of gifts, 5 MRSA §19 sub-§1 ¶E.)
	N/A

Section 3. Gifts

List the specific source of each gift received: (For a definition of gifts, see 5 MRSA §19 sub-§1 ¶E, attached.)

NA

Section 4. Family Member Income

List here the type of economic activity engaged in by any member of your immediate family which resulted in \$1,000 or more in 2008. If the income was received by your spouse or domestic partner, list his or her name. If the income received by an immediate family member is derived from employment or compensation, also include the job title.

HUSBAND: RICHARD WILLING, PROGRAM DIRECTOR MAINE CHAPTER, AMERICAN INSTITUTE OF ARCHITECTS

Section 5. Honoraria

List here the sources of any honoraria (not travel or expenses) accepted for appearances or speeches related to your official duties. (For a definition of honorarium, see 5 MRSA §19 sub-§1 ¶F, attached. Note that this involves honoraria in any amount, not just amounts over \$1000.)

NA

Section 6. Compensated work on behalf of executive branch agencies

Aside from your official salary, list here each executive agency before which you or an immediate family member has represented or assisted others in return for compensation of any amount:

N/A

GALE RCSS Notary Public Commission Exp. 12-12-2010

Section 7. Sales to executive branch agencies				
	agency to which you or your	mmediate family member	s sold goods or services with a value in	
excess of \$1000:				
1.16				
NA				
	•			
1				
	·		•	
		,	•	
	Section 8.	Reportable liabilities		
List here the name(s) of your cre	editors for any reportable liabil	ities (<u>unsecured loans</u>) of	\$3000 or more received from a person not a	
			contributions otherwise recorded by law, or	
	ial institutions. (For a definitio	on of reportable liabilities,	see 5 MRSA §19 sub-§1 ¶I-1, attached; of	
relatives, same, ¶l.)				
$ \wedge i / n $	·	- San Lagrana		
10/14		d spiritual spir		
		2 2	· · · · · · · · · · · · · · · · · · ·	
,	F			
	•			
		1027742402403100		
		·		
		mation (Notarization)		
	that the contents of this repor	t are known to you and tha	at the matters and things therein set forth are	
true (so help you God)?"	or the second	* *		
	•			
Signs	ature of Executive Employee:	712	- 10 mas & ()	
l Cigin	atore or Excounte Employee.			
	1/ 21		,	
Date	4-21-0	<u> </u>		
·		, —		
	A			
Subscribed and sworn (affirmed)	31 ^{0†}	or april	200 69	
Subscribed and sworn (aπirmed)	to before me this 💆 day	or cysin i	, 200	
		C.	00000	
·	Signature of Maine Not	tary Public:	le Ross	
	orginataro el mante rito		Notary Public, State of Maine	
			, , , , , , , , , , , , , , , , , , , ,	
	• •			
	GA	LE ROSS	My commission expires (date)	
	Noto	ry Public	•	
	Commission	ry Public Exp, 12-12-2010		
	~\(\)	- And		
Seal (optional)		·		

Return to:

Cyndi Phillips, Commission Assistant Commission on Governmental Ethics and Election Practices 135 State House Station, Augusta, ME 04333-0135